

Language workshop in the psychosocial care: the subject's turn and voice

Oficina de linguagem na atenção psicossocial:
vez e voz do sujeito

Taller de lenguaje en la atención psicossocial:
vez y voz del sujeto

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Abstract

Introduction: The workshop of language, a technology *par excellence*, when working with mental health, consists of three pillars: protagonism, creative power and language itself as a space of empowerment. **Objective:** The aim of this study was to verify the perception of participants about the effects of the language workshop, object of this study. **Methods:** This research used the methodology of transverse, descriptive design. A specific theme was introduced in the Conversation Wheels of the workshop over a period of 12 weeks. Those sessions were filmed and the conversation wheels transcribed. “Thematic content analysis” was used to analyze and interpret the data obtained from the discourses of its participants. These participants exhibited the diversity postulated in terms of age, gender, social condition, health. **Results:** Three thematic categories were identified and selected for their relevance: social binding, subjective protagonism and discursive circulation. **Conclusions:** The results highlight narratives of empowerment that the experiences of the workshop propose, with clear expression of recognition of the occupation of the place of speaker by all, an essential prerequisite for the possibility of reaching time and voice in their social interrelations.

Keywords: Mental Health; Language; Empowerment; Centers of Connivance and Leisure; Sensitivity Training Groups.

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Authors' contributions:

EH: Study design, outline and review, methodology and data collection.

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Resumo

Introdução: A oficina de linguagem, tecnologia, por excelência, de trabalho com a saúde mental, é constituída por três pilares: protagonismo, potência criadora e a própria linguagem, como espaço de empoderamento. **Objetivo** Verificar a percepção dos participantes sobre os efeitos da oficina de linguagem, objeto deste estudo. **Método:** Foi feito um estudo transversal, descritivo, por meio da introdução de uma temática específica nas rodas de conversa da oficina em questão durante o período do recorte. As sessões foram filmadas por doze semanas, e as rodas de conversa foram transcritas. Utilizou-se a análise de conteúdo do tipo temática para análise e interpretação dos dados obtidos dos discursos dos seus participantes que exibiam a diversidade postulada em termos de idade, gênero, condição social e saúde. **Resultados:** Três categorias temáticas foram identificadas e selecionadas por sua relevância: enlaçamento social, protagonismo subjetivo e circulação discursiva. **Conclusões:** Os resultados apontam narrativas de empoderamento que as vivências da oficina proporcionam, com clara expressão de reconhecimento da assunção ao lugar de falante por todos, posicionamento fundamental para a possibilidade de alcançar vez e voz nas suas relações sociais.

Palavras-chave: Saúde Mental; Linguagem; Empoderamento; Centros de Convivência e Lazer; Grupos de Treinamento de Sensibilização.

Resumen

Introducción: El taller de lenguaje se considera la tecnología por excelencia para trabajar con la salud mental y se apoya en tres pilares básicos: el protagonismo; la capacidad creativa y el propio lenguaje en sí mismo como espacio de empoderamiento. **Objetivo:** Comprobar como perciben los participantes los efectos del taller de lenguaje. **Método:** Se hizo un estudio transversal y descriptivo por medio de la introducción de una temática específica en las ruedas de conversación del taller durante su realización. Las conversaciones se fueron filmando durante las doce semanas de trabajo y se transcribieron. Se utilizó el análisis temático de contenidos para analizar e interpretar los datos obtenidos de los discursos de sus participantes que mostraron la diversidad propuesta respecto a edad, género, condición social y salud. **Resultados:** Se identificaron tres categorías temáticas y se seleccionaron por su importancia: las relaciones sociales, el protagonismo subjetivo y la circulación discursiva. **Conclusiones:** Los resultados muestran que las experiencias del taller proporcionan empoderamiento, al ir ocupando todos los participantes el puesto de hablante, siendo esto fundamental para poder tener voz y espacio en sus relaciones sociales.

Palabras clave: Salud Mental; Lenguaje; Empoderamiento; Centros de Ocio y Convivencia; Grupos de Entrenamiento Sensitivo.

Introduction

The human perspective on madness has changed over time, from the errand reported by the “Ship of Fools” described by Foucault¹, to the development of Psychiatry that, for different reasons, ended up operating a kind of discretization of the role, autonomy and desire of the subject².

Psychiatric reform came into force after the Second World War (1939/1945) due to several reasons, such as: the failure of hospital institutions as a potential treatment; the discovery of less alienating psychotropic drugs; the role of social ties in the constitution of the different players of the which put subjectivity at the forefront, in a conjunction that

“investigated human suffering in articulation with the life plan”³ (p. 175). Finally, it is due also to the development of new Public Health policies under another reflection on health and quality of life.

This movement started in Brazil in the midst of a health reform that originated the Unified Health System (SUS), and was based on this ethical-conceptual bonding, constituting a space not only clinical, but, above all, political, social and cultural⁴. In other words, it has crossed the clinic borders.

Among other ideas, the Brazilian psychiatric reform proposed two important postulations: 1) the perspective of mental health as a matter of subjectivity, and an effect of the construction of

the social bond; and 2) the deinstitutionalization as “an ethical-aesthetic process, to recognize new situations that produce new subjects of law and new rights for subjects”²² (p.50), consequently developing a new network of services and community care, which supports a new health care model, called “psychosocial care model”.

This model was based on the concepts of territory and open institutions, as places where social ties are established, structuring the subjective constitution of peers involved in different social experiences. In this sense, citizenship has consolidated itself in a metaphor for the right to the city.

New services associated with the concept of “open doors” were developed, such as the Community Centers, which are “intersectoral facilities established in a territory and articulated with it, in order to promote spaces for socialization and social participation for all people in that area, including those who experience different forms of exclusion”²⁵ (p.80).

The main difference of the Community Centers in comparison to the other services of the mental health care network (RAPS) was to propose the viability of life projects for all, without any distinction. This decision included an idea about mental health, without placing the disease as the sole focus of argument, expanding it as a contingency of citizenship. These spaces focused attention not only on individuals who had mental disorders, but also on any people in a situation of vulnerability and, then, on anyone, regardless of their subjective demand and existential contingency, aiming at providing new relationships, in a “continuous critical questioning of desire and citizenship”²⁶ (p.45).

The idea of territory was another fundamental aspect in the constitution of Community Centers, which is not specific to this service alone, but, adopted in a singular way, as it was understood in the breadth of the city, as an existential right of all. In this sense, the territory has truly expanded beyond the walls, from the buildings of the Centers to the streets, squares, and parks of the selected regions. This shows a radical sense of free care for the person or, in other words, a radically inclusive attitude.

Three aspects were evaluated to properly contemplate these postulates: (i) The heterogeneity of the people involved in the social scenes undertaken in the facilities, since the doors are open; (ii) The technical diversity of professionals involved in the same ethical-political-therapeutic proposal; and

(iii) The creative and authorial objective of the activities developed, in the idea of “production” based on differences, aiming to provide social experiences to those involved towards the (re)discovery of their subjectivity; that is, their human rights.

From the beginning, the projects of the Living Centers aimed to articulate creation and action, proposing the workshops as a primary technology of social interaction⁷ (p. 21), which started to be developed through various strategies, providing affective, symbolic and material exchanges, aiming at the promotion of different social experiences, between different subjects. Finally, aiming at achieving subjective well-being and protagonism, assuming the “collective dimension of existence”²⁸ in the subjective constitution.

The workshops are not a recent approach to dealing with human beings in situations of vulnerability, nor do they are an exclusive proposition of the Community Centers. It should be noticed that a historical construction of this technology was necessary in order to ensure its disruptive nature and deny its “naturalization” in the deconstruction of asylum practices⁹ (p. 07).

The workshops have long been spaces for confinement and extinguishment of the subject with mental illness¹⁰, representing an inhumane way of confronting the human subject.

In the 1940s, this approach had already gained real therapeutic value in Brazil through Nise da Silveira, who faced the mental contingencies of her patients under a particular analysis to each one, daring to create in art workshops (especially painting). In this way, this approach provided a pleasurable, humane daily life, focused on each one in social experiences, outside the walls of their rooms, even within a hospital reality, at the National Psychiatric Center, in Engenho de Dentro (RJ)¹⁰.

This technology was developed in different ways in different services, without losing its original ethical nature, being “a composition between lines of action and creation”²⁷ (p.21).

These approaches are strongly used today in the new services of the care network, with emphasis on those developed in CAPS and CAPSi, being constantly addressed in reflections of the area and, consequently, in scientific production.

However, the workshops were given a new meaning in Community Centers, as a result of the postulates radically adopted by the service.

As previously reported, to the extent that this service is provided as a possibility for social interaction to “anyone, regardless of their subjective demand and existential contingency, aiming at providing new relationships, in a “continuous critical questioning of desire and citizenship”⁶ (p.45), the therapeutic term must necessarily be understood in its broad sense and not in the restriction of mental illness. In this way, the idea of “suffering” is reformulated and included in the spectrum of human “malaise”.

The use of the workshops in the Community Centers redefines therapeutic practice, offering an opportunity for everyone to take the role of protagonist, of a person with a voice and rights, a citizen from the social point of view and as a truly subject of language. This investment includes all participants in this project, thus favoring social inclusion, social circulation and the promotion of physical and mental health, not only to subjects with mental disorders, disabilities, and other people in situations of vulnerability (the elderly, psychoactive substance users, homeless, among others), but also to ordinary citizens.

The “language workshop” is constantly included in Community Centers, which consists of three pillars that are directed to its participants: the protagonism of the subjects; the creative power of the established relationships or the constitutive inter-animation¹¹ and the language itself, as symbolic space support for the social game¹¹.

This is in line with the humanization advocated by the psychiatric reform, since language is part of the humanities field as a space for empowerment, and as the speech of those who are fragile, for whatever reason, no matter how strident it may be, is not heard or credited. The empowerment results from the possibility that the person involved can become a subject of language, assuming a leading role that has a turn and a voice¹².

The language workshops recognize the discursive nature of this approach, exactly due to the “dialogic inter-animation process”, fulfilling its objectives of “interpersonal co-construction of identities and provides the constant set of positions that moves diversity and contrast between versions”¹¹ (p.32), preserving the individual uniqueness and heterogeneity of all involved.

A community center in São Paulo develops a language workshop called “*Quem não se comunica se ‘estrumbica’*” (Who doesn’t communicate, gets

stumble) since 2017, proposing that its participants circulate in the discursive space, taking different positions in the dialogical scene, in a social bonding operation. This tool enables the constitution of subjects as authors and producers of unpublished texts, capable of having their own turn and voice. Based on the concept of open doors, the workshop provides a particular situation of social experiences: constant, but different each time. One of the possibilities in this game of interactions in the workshop is to make the speech-language pathologist, one of the protagonists, assume a unique role as a provocateur in this process, as they works on the subject’s potentiality as fundamentally a speaking subject.

It seems to be clear that the speech-language pathologist has no special place or role in this workshop, when compared to other types of workshop provided in other services, given that a multiprofessional action situation should prevail. The process is differentiated by the *workshop proposal* that determines a certain movement of the speech-language pathologist in these circumstances.

The basic assumption of this workshop is that subjective protagonism and social bonding, which are conditions for anyone’s mental “health”^{2,6,7,9,12}, include the free movement in the discourse structure and, in that place, the speech-language pathologist works provokes the movement, causing the subjects to move from their single position, as subjugated. Finally, the professional acts as an agent that makes the subject move towards the position as “subject of”¹². For this, the speech-language pathologist must move only in dialogue, as their unique instrument and unique tool for humans for their social experiences.

With its expanded meaning, the “therapeutics” (provided in this context to anyone) must be understood as a *gesture of language*, as an idea that results from another. In other words, this means that mental health can be understood as the *scope of the subject’s circumstances in the midst of language development*¹³ (p.267), which is common to all humans.

Therefore, therapy could be understood as a possibility to offer anyone (including the subject with mental disorder) a place of enunciation in the field of word and language (in which it is possible to reach the impossible aspects of desire¹⁴ (p.93). This place is the contingency to balance on the path of subjectification.

In this way, another concept of “therapeutics” can be worked on, moving away from the normal/pathological binomial and focusing on the production of life. Given that producing health, or life, is to establish new ways of being in the world and new ties, regardless of pathological conditions or other type of enclosures.

This workshop consists of an initial conversation circle, followed by games that address each aspect of language (oral, written, gestural), a final conversation circle and a closing game. It should be noted that these steps include everyday and diverse scenarios for establishing dialogue between social peers. In this context, there is always a “conversation”, which is called “conversation circle”, addressing dialogic moments that narrate the living situation that will be or has just been created. As noted in the examples below from the coordinator's statements, this is an important ritual for the timeline of the conversation:

E.: *We start with our initial interview, in which people should start talking about what they came here to do.*

E.: *Could you please tell me what you came here for today. Why did you come here?*

E.: *Today's activity is called “scratch, scratch, scribble” (then she hits the table at each word).*

E.: *So, today we are going to do a collaboration exercise.*

E.: *How do you feel when you leave here after making these drawings and creating a story?*

E.: *Shall we sing a song to finish the activities?*

This workshop was used in this study in order to know the effects in terms of subjective protagonism, social bonding and discursive movement in its participants. Studies in this sense are explained especially when aiming at the application of reality and the understanding of the subjects involved.

Material and Methods

This is a descriptive and qualitative study that decided to add another topic in the usual conversation circle in the situation of the language workshop “Who doesn't communicate, gets stumble”, which started all sessions, as already reported, aiming to verify in the voice of each participant in the activity, the particular expression of their perception on the effects of the workshop, precisely in terms

of subjective protagonism, social connection and discursive movement.

Thus, the workshop started with questions that put everyone on the move: *What did we come to do today at the workshop?* This was the initial triggering question (enabling the emergence of subjective and unpredictable content) that addressed the reason why the participants attended the workshops, and the effects on their daily lives and on their communication skills.

It should be noted that the operation of the activity was not really tainted, since the workshop was already carried out daily through an initial conversation circle. The researcher only introduced an additional element for twelve (12) weeks, randomly established, which was the topic desired by triggering questions addressing the meaning of the workshop for each one. Example: *Why did you come to this workshop?* Or, after a while participating in the workshop: *Why do you keep coming to this workshop?*

Therefore, such questions started to be included in the conversation circle and were incorporated into the situation for a time. During 12 sessions, this subject was included in the conversations usually developed by those peers, with the researcher participating in the situation, as expected in qualitative studies¹⁵. The 12-week period was determined to be an average time for more longitudinal studies. Among other reasons, this study requires a longitudinal character due to the variability of the participating subjects due to its “open doors” concept.

This study included participants who were available in the collection period, between October 2018 and February 2019, which were randomly defined, and who agreed to sign the Informed Consent Form. During this period, 31 individuals participated with different attendance rates. As 10 of which were the ones who most attended the meetings, most of the material was collected from the report of these participants. By including more frequent participants, who provided more material for analysis, it may explain the redundancy of the interactional situations that took place¹⁶, situations of conversations about life that promote strong effects on the participants, in terms of social experiences and discursive movement. This can lead to people returning to the workshop space.

Through the analysis of sociodemographic information and personal history in the available

medical records, it was found that the participants had the postulated heterogeneity, in terms of gender/age, motivation for participation, health conditions, educational level, personal and/or family demands. Participants included the elderly, housewives, retired adults, adults and young people with mental disorders and/or intellectual disabilities, as well as unemployed and homeless people. In short, the study includes subjects with different weaknesses, different vulnerabilities and unique demands.

The sessions were recorded and the conversation circles were transcribed and textualized for thematic content analysis as proposed by Bardin¹⁷: pre-analysis, exploration of the material and treatment of the results.

The analysis of the speeches of each subject was organized in order to raise the most frequent topics, thus developing operational categories. Then, after combining with the speeches of the other subjects, the common and predominant thematic categories were used as categories of analysis that will be reported in the results to follow. The results will be presented through excerpts

from the participants' speeches, exemplifying the categories found.

The names of the subjects were replaced by heteronyms in order to keep their confidentiality.

The study followed the criteria used for research with human beings and was submitted to the Research Ethics Committee of the University with the Informed Consent Term signed by all participants, as well as the Authorization of the study center (CECCO) and the license of the Research Ethics Committee of the Municipal Government of São Paulo. The study was registered under the no. 98409218.4.0000.5482.

Results

At the end of the analysis process by floating reading, after analyzing and organizing the material, three sets of operational categories were established, as shown in the tables below for better visualization:

Chart 1. Discursive effects of the language workshop "Who doesn't communicate, gets stumble" conducted at a Community Center in São Paulo, from October 2018 to November 2019. Category of analysis: social bonding.

Operational category: Discourse on the social experiences and health status.	
Participants	Textual corpus
Matilde	"We are always together and this is a very good thing. I don't talk to anyone at my own home..."
Cora	"As I live alone, this is being useful for me too, right? I end up becoming more isolated and alone at home."
Operational category: Discourse on isolation and depressive states.	
Participants	Textual corpus
Cora	"Today I also came here to seek help for myself. Because I'm a little depressed, right? And I really like to talk, you know? I kind of didn't feel like talking."
Joyce	"Before, when I got home I was in full swing, you know? I had no patience. Now, I've changed and I feel like I'm someone else, you know? I'm more communicative now, you know? Now I am able to communicate more. I have a lot of anxiety, you know? It is wonderful!!!"
Operational category: Discourses on family relationships.	
Participants	Textual corpus
Joyce	"I was at Av. Paulista, (then starts to cry) and I hadn't hugged my daughter in a long time. We live together, right? We are always together... So, I hugged her, thanked her and said "Hey, thank you so much for this wonderful walk that you provided". So, I'm... I'm learning to communicate more, you know?"

Chart 2. Discursive effects of the language workshop "Who doesn't communicate, gets stumble" conducted at a Community Center in São Paulo, from October 2018 to November 2019. Category of analysis: social bonding

Operational category: Ineffectiveness in daily life, personal devaluation and discouragement.	
Participants	Textual corpus
Agar	<i>I went there to the subway station instead of going down the stairs, right? I had to ask for directions. I don't know what's going on with me. But I can't be like that, Elaine.</i>
Moema	<i>I'm getting better. E.: What's getting better? Moema: Well, I don't know. Maybe my courage, since I used to...</i>
Husband of Moema:	<i>(interrupting): She was losing her will to live and her grace for life, but she is better. Now other things came back, like...</i>
Corá	<i>And we feel more important and appreciated here. We are not alone here, right? Each class you attend, you feel the affection that we have here. And then, I believe I ended up... Enjoying it even more than she did. Well... I'm learning a lot too. I feel very welcomed here by teachers and psychologists, you know? They always listen to me when I want to say something.</i>
Matilde	<i>Corá: And we feel more important here. Matilde: And more appreciated.</i>
Agar	<i>Yes. Yes. Yes. Do as Milena said, I'm a child, and that's it.</i>
E	<i>Isn't your word worth it, Agar?</i>
Agar	<i>No, it's not. I prefer her opinion (Milena).</i>
Alípio:	<i>(Talking to Agar) So, you are disfiguring yourself... (Looking at us) She is disfiguring herself... She is depreciating herself.</i>
E	<i>(Talking to Agar) Are you depreciating yourself?</i>
Agar	<i>Yes, I am. Yes, I am.</i>
Operational category: Empowerment (attitudes) and recognition of the position in the family group.	
Participants	Textual corpus
Joyce	<i>We get more attitude, right? Can I tell you a short story? Only one. I went out to the Rock Friday night. My daughter always invited me and I never went. But I went this time. And I loved it!</i>
Nadi	<i>This week I said to my daughter "You're always cutting me off... When I'm talking, saying something... Then you told me, didn't you?" (uses gestures combined with her report). Then my time came and I said it, right? There are times when they get like this, you know? But I said. I said: "We're talking and you're cutting me off, do you think you're right?" This is not correct, right? Then she reflected... you know? She replied: Oh, mom! Now you're doing it and you're learning, right?</i>
Joyce	<i>Professor B. used to say: "Do you have an attitude? Are you bold enough?" And I was not. Now I got it. And it's true, ok? Now, I have got more attitude! Thank God!</i>
Alípio	<i>(Talking to Agar): You must appreciate yourself, so everyone will appreciate you too.</i>
E	<i>Your word must be worth it.</i>
Operational category: Change in attitude	
Participants	Textual corpus
Milena	<i>I've been shy all my life. Then, it ended when I got married. I couldn't even look away or talk. Then things got worse. Now, I started to loosen up a little bit.</i>
Levi	<i>But it is helping me to be more patient. Because you need to be patient to cook, right? And it is also helping me to make things better, and to do my job. I didn't do it right, but I did it right, but I wasn't (si). I stopped halfway through work...</i>
Joyce	<i>I believe that since I started this activity, what is the name...? "Who doesn't communicate, gets stumble". Things are looking so much better for me. (...) I'm going to travel to Cajuru to know where I came from, you know? I already told you... I'm scheduling the trip.</i>
Operational category: Pleasure and relationships of affection.	
Participants	Textual corpus
Milena:	<i>I am here... I like the class... And also the games, as well as the story, all of that reminds me of the old time, right?</i>
Corá:	<i>Yes. Because if you say something wrong, then you (SI)... Hey, wait! This is not like this, it is like that. So, everything changes, right? Communication, for example, it makes you happier, everyone laughs at everyone and at the things that we do...</i>
Levi	<i>We just laugh. And we need to laugh a little to avoid being so closed, right? Again, no. Laughing is good. It makes us laugh more and open up more. We have to smile a little bit.</i>
Moema	<i>I'm getting better. And also because we come here, meet people, have a little fun... And we laugh too, right? We laugh at the things that happen here.</i>
Moacir	<i>You talked about friends, right? (...). And I'm here because I want to have a million...</i>
Milena	<i>(at the same time) Friends.</i>
Moacir	<i>Friends and being able to speak much stronger. (Everyone laughs)</i>
Milena	<i>Check it out, it's Roberto Carlos! [translator's note: famous Brazilian singer, 'a million friends' refers to a music]</i>

Operational category: Improvement in attention and memory.	
Participants	Textual corpus
Nadi	<i>It messes with everything, right? With our heads too. We pay more attention to things, and we are more attentive.. Our memory gets stronger...</i>
Levi	<i>(SI) I pay more attention to a conversation. I wait for the person to speak first, but I didn't before. I'm developing myself. I'm reading books.</i>
Levi	<i>... I improved my ability to associate ideas, my creativity has improved... and it's still improving. Just think more positively and be more optimistic. The person must be more optimistic and... Everything will be fine. I improved my diction...</i>
Agar	<i>That helps, right? But I still have a little lack of attention, right? Today I almost got lost, I almost ended up in Praça da Sé.</i>
Levi	<i>Yes (SI), it improved my ideas. I can associate ideas more.</i>
Milena	<i>Well, just being here with everyone, being with people here is good for memory, you know? It's good, right? I guess so.</i>
Levi	<i>The most important thing is that I am communicating better, and I am studying the subjects, and also developing a little more...</i>

Chart 3. Discursive effects of the language workshop “Who doesn’t communicate, gets stumble” conducted at a Community Center in São Paulo, from October 2018 to November 2019. Category of analysis: social bonding

Operational category: Possibility to take the place of speaker.	
Participants	Textual corpus
Moacir	<i>Here is the place where the person can talk, discuss and participate in the activities that are done... It is quiet and peaceful, as all the people here are good. You can't stop talking here. (...) Our tongue doesn't stop when we're here.</i>
Operational category: Discourse on subjective issues - intimate relationships.	
Participants	Textual corpus
Alípio	<i>What brought me here in the workshop is joy, being able to open my heart to you all and smiling a lot... Being able to bring good things to my home... And to learn too.</i>
Joyce	<i>But there is one thing that is different. I accept things more, you know? I don't mourn in the bedroom crying. I just come here and I say what I need to say (laughs).</i>
Operational category: Communication and emotions.	
Participants	Textual corpus
Joyce	<i>I'm paying more attention to the stories and games. I've always been a very anxious person, but now I'm working more on it, you know?</i>
Levi	<i>"I am trying to talk more and communicate more with my family, I have already improved with my father... My father and I are getting along better and better. The therapy I did is allowing me to get to know my father better."</i>
Cora	<i>Then I started to realize that my anxiety has decreased.</i>
Nadi	<i>So... You know? I was very... I mean, I'm improving now. Anxious. Yes... You know? I'm always like... You know?</i>
Moacir	<i>After you start attending here... The effects of the treatments start to provide more balance, right? In the person's mind...</i>
Levi	<i>We have more balance and more peace of mind. (...) Balance, when we talk... We must wait for the other person to speak, out of politeness, right? Well... So, it helped on the balance that I need...</i>
Operational category: Communicative performance.	
Participants	Textual corpus
Alípio	<i>So that's it... We have... We have fun, and express ourselves better too.</i>
Cora	<i>I also noticed a lot of changes. Even the diction in Portuguese.</i>
Nadi	<i>My name is Nadi. It's been a long time since I'm here doing the workshop, right? And it's wonderful! Especially communication between people, right? And I used to go over a lot in the conversation, and when talking, going over, talking too much, with too much anxiety... So, now I'm controlling myself more, right? Now I try to realize when it's my time to speak, you know?</i>
Matilde	<i>I'm learning to be quiet while the other one speaks. That's good. Especially when I'm talking on the phone. (...) Otherwise, I would always go into the person's speech. So I used to get in the way, but not anymore. Now I listen, then I answer. And that's good. I'm learning to listen. (...) I'm learning to listen. Exactly.</i>
Joyce	<i>When the word comes out of our mouth, it doesn't come back. So if we can, you know? If we can think well before speaking... Then we won't hurt other people, right? Because it will hurt us, when we get the word wrong... If I offended someone, you know? The words are very strong. It's very important.</i>
Operational category: Possibility of establishing dialogical relationships.	
Participants	Textual corpus
Alípio	<i>I keep going here thanks to the conversation with everyone here.</i>
Moema	<i>This is good because we learn to communicate with people, right? We start to isolate ourselves inside the house... And we stop going out. But here is different. Here we always find someone to talk to, or to exchange ideas and learn.</i>

Discussion

The analysis of the results led to the reflection to be made from three thematic categories that show the communication issue with respect to social bonding, subjective protagonism and discursive movement, derived from the sets of identified operational categories. The categories are intertwined by representing human themes of common life and their conflicts and, thus, the examples move in the sense that they could illustrate more than one category. They are the following:

I - SOCIAL BONDING

Studies show the implication between social experiences and health status, reporting “a direct relationship between social relationships, quality of life and functional capacity, with an inverse relationship between these factors and depression”¹⁸ (p.230), with successive experiences of isolation as the source of this cycle that is difficult to break.

Isolation is reported by participants in the conversation circle, despite the different contingencies of life. As the participants live alone or even with family members, but without any relevant role within the family niche, the reports show the feeling of “being alone”, which can also be a result of feeling displaced or being discriminated against socially, also resulting in a feeling of loneliness. This feeling affects their subjectivity and generates demands that, according to them, are met in that group: the person feels discriminated against in the family, but has a role in the workshop. The person may be the immigrant who came to live in the city with his/her family, but has no social ties and finds an opportunity there; or it may be the elderly woman who lives alone and finds a companionship in the workshop:

Matilde: *We are always together and this is a very good thing. I don't talk to anyone at my own home...*

Cora: *As I live alone, this is being useful for me too, right? I end up becoming more isolated and alone at home.*

Regardless of its determining factor, the experience of isolation is an open door to depression, which is often neither identified nor treated as such, or even underdiagnosed or undertreated¹⁹. The condition can even be confused with a passive and inoperative conduct in life²⁰, when it results

from a difficulty in dealing with the stress that this condition imposes on the person.

The reports of the participants include reference to depressive states, which represents a poor quality life when combined with the statements about loneliness:

Cora: *Today I also came here to seek help for myself. Because I'm a little depressed, right? And I really like to talk, you know? I kind of didn't feel like talking.*

The participants' report suggests significant changes in their feeling of loneliness, thus showing the impact of the social experiences that the workshop provides and generating an experience of protagonism, goals and future expectations:

Joyce: *Before, when I got home I was in full swing, you know? I had no patience. Now, I've changed and I feel like I'm someone else, you know? I'm more communicative now, you know? Now I am able to communicate more. I have a lot of anxiety, you know? It is wonderful!!!*

Family relationships are an important topic that is also raised in the report of all participants and that can be combined with social relationships.

To be able to talk to the other and take the other from a different perspective, or to be able to complain about the family member and comment on their attitudes that may not be friendly or even report more delicate and loving new family relationships, etc. all of these situations are particular manifestations of the fragility of these relationships.

Joyce: *I was at Av. Paulista, (then starts to cry) and I hadn't hugged my daughter in a long time. We live together, right? We are always together... So, I hugged her, thanked her and said “Hey, thank you so much for this wonderful walk that you provided”. So, I'm... I'm learning to communicate more, you know?*

The literature addresses this discussion through studies on the displacement of people after the evolution of specialized treatments for the interstice of family dynamics²¹, where conflicts may arise due to the new situation. As family relationships are the basis for building and/or supporting all other relational experiences, this affects subjectivity²². To the extent that it contributes to people achieving

autonomy and better self-image, the workshop can stretch ties, leading people to reposition themselves in their family relationships.

Levi: *I am trying to talk more and communicate more with my family, I have already improved with my father... My father and I are getting along better and better. The therapy I did is allowing me to get to know my father better.*

In this way, family can finally be a “source of capitalization of forces that generates comfort, and a sense of support and stability”²³ (p.107). When combined with greater opportunities for diversified and constant social relationships, more peaceful and reinforcing family relationships provide a better quality of life.

II- SUBJECTIVE PROTAGONISM

The participants in the conversation circle report their inoperability in their daily lives, resulting in poor quality of life, in addition to the feeling of personal devaluation and discouragement:

Agar: *I went there to the subway station instead of going down the stairs, right? I had to ask for directions. I don't know what's going on with me. But I can't be like that, Elaine.*

Moema: *I'm getting better. E.:* *What's getting better?* **Moema:** *Well, I don't know. Maybe my courage, since I used to... E.:* *(interrupting) did you say your courage?!!* **Moema:** *(Unintelligible - si)* **Husband of Moema:** *(interrupting): She was losing her will to live and her grace for life, but she is better. Now other things came back, like...*

Cora: *And we feel more important and appreciated here. We are not alone here, right? Each class you attend, you feel the affection that we have here. And then, I believe I ended up... Enjoying it even more than she did. Well... I'm learning a lot too. I feel very welcomed here by teachers and psychologists, you know? They always listen to me when I want to say something.*

Cora: *And we feel more important here. Matilde:* *And more appreciated.*

Patients report the empowerment experiences provided by the workshop, through which they began to feel able, courageous in making decisions, making choices, speaking, commenting on events, and clearly expressing a feeling of recognition of their position, especially in their family group:

Joyce: *We get more attitude, right? Can I tell you a short story? Only one. I went out to the Rock Friday night. My daughter always invited me and I never went. But I went this time. And I loved it!*

Nadi: *This week I said to my daughter “You're always cutting me off... When I'm talking, saying something... Then you told me, didn't you?” (uses gestures combined with her report). Then my time came and I said it, right? There are times when they get like this, you know? But I said. I said: “We're talking and you're cutting me off, do you think you're right?” This is not correct, right? Then she reflected... you know? She replied: Oh, mom! Now you're doing it and you're learning, right?*

Joyce: *Professor B. used to say: “Do you have an attitude? Are you bold enough?” And I was not. Now I got it. And it's true, ok? Now, I have got more attitudes! Thank God!*

Empowerment “is about increasing the capacity of individuals to feel influential in the processes that determine their lives”²⁴ (p.176). Therefore, in addition to being able to *do* things, it is important to *feel* able to do them, and, in this sense, it is important to make the achievement public. This is shown when the participants share this change in attitude and subjective position, reporting the relevance of the changes:

Milena: *I've been shy all my life. Then, it ended when I got married. I couldn't even look away or talk. Then things got worse. Now, I started to loosen up a little bit.*

Levi: *But it is helping me to be more patient. Because you need to be patient to cook, right? And it is also helping me to make things better, and to do my job. I didn't do it right, but I did it right, but I wasn't (si). I stopped halfway through work...*

Joyce: *I believe that since I started this activity, what is the name...? “Who doesn't communicate, gets stumble”. Things are looking so much better for me. (...) I'm going to travel to Cajurú to know where I came from, you know? I already told you... I'm scheduling the trip.*

Empowerment is a subjective condition that depends on personal effort, and also on the action of another; that is, it is a construction operated within a relational situation²⁴. *Feeling capable* is, above all, an effect of the other's perspective on the person, or, as reported by some researchers on the humanization of relationships in health settings, “the human is what is behind the social role that the other, at a given moment, interprets”²⁵ as being

ours (p. 676). In other words, as the culmination of empowerment, humanization is mainly an effect of the other's word and, in this sense, it shows the importance of the social and discursive relations addressed in the workshop, providing an emancipatory project for them. That is, the assumption of a social role as shown in the conversation below:

Milena: (referring to Agar) *But she is a child, she doesn't know what she's talking about.* **E.:** *Oh! Agar: That's right. I'm a child, thankfully.* **E.:** *What do you mean by a child who doesn't know what is talking about?* **Agar:** *Yes. Yes. Yes. Do as Milena said, I'm a child, and that's it.* **E.:** *Isn't your word worth it, Agar?* **Agar:** *No, it's not. I prefer her opinion (Milena).* **Alípio:** (Talking to Agar) *So, you are disfiguring yourself... (Looking at us) She is disfiguring herself... She is depreciating herself.* **E.:** (Talking to Agar) *Are you depreciating yourself?* **Agar:** *Yes, I am. Yes, I am.* **Alípio** (talking to Agar): *You must appreciate yourself, so everyone will appreciate you too.* **E.:** *You should not do this! Your word must be worth it.*

Everyone talks about the joy involved in the meetings and incorporated into the games, as in the fun stories that are told and in the laughs shared:

Milena: *I am here... I like the class... And also the games, as well as the story, all of that reminds me of the old time, right?*

Cora: *Yes. Because if you say something wrong, then you (SI)... Hey, wait! This is not like this, it is like that. So, everything changes, right? Communication, for example, it makes you happier, everyone laughs at everyone and at the things that we do...*

Levi: *We just laugh. And we need to laugh a little to avoid being so closed, right? Again, no. Laughing is good. It makes us laugh more and open up more. We have to smile a little bit.*

More than that, due to the possibility of affecting the other and being affected by pleasure, creating a bond between the participants and the workshop:

Moema: *I'm getting better. And also because we come here, meet people, have a little fun... And we laugh too, right? We laugh at the things that happen here.*

The pleasure of participating in the workshop seems to result from the "experience of something unique"²⁶ (p.34) of each one in the workshop when reaching a leading role in situations. Above all, it af-

fects the other, since the joy of one person becomes the joy of the other, as when someone makes a joke:

Moacir: *You talked about friends, right?* **Alípio:** *hum hum.* **Moacir:** *And I'm here because I want to have a million...* **Milena** (at the same time): *Friends.* **Moacir:** *Friends and being able to speak much stronger.* (Everyone laughs) **Milena:** *Check it out, it's Roberto Carlos! [Translator's note: famous Brazilian singer; 'a million friends' refers to a song]*

The dialogical social relations established in the workshop promote the encounter of each one with the other, thus producing "new existential universes"²⁷ (p.631), states of pleasure and well-being. This encounter with the other results in the proper social identification of each one, thus, ultimately, a process of subjective construction. The workshop is a space for creating and reinventing a lighter and more pleasurable daily life, as it allows everyone to participate as social subjects and with quality of life.

In addition to the pleasure achieved, the participants also report the development of cognitive skills linked to attention and memory that are important for dealing with facts, problems, with their own learning and, finally, in general performance, favoring more autonomy and functioning as another protector for the quality of life²⁸:

Nadi: *It messes with everything, right? With our heads, too. We pay more attention to things, and we are more attentive.. Our memory gets stronger...*

Levi: (SI) *I pay more attention to a conversation. I wait for the person to speak first, but I didn't before. I'm developing myself. I'm reading books.*

... I improved my ability to associate ideas, my creativity has improved... and it's still improving. Just think more positively and be more optimistic. The person must be more optimistic and... Everything will be fine. I improved my diction...

Agar: *That helps, right? But I still have a little lack of attention, right? Today I almost got lost; I almost ended up in Praça da Sé.*

The perception of the workshop participants with respect to the improvement in their cognitive behaviors is clearly expressed as follows:

Levi: *Yes (SI), it improved my ideas. I can associate ideas more.*

Milena: *Well, just being here with everyone, being with people here is good for memory, you know? It's good, right? I guess so.*

Levi: *The most important thing is that I am communicating better, and I am studying the subjects, and also developing a little more...*

III-DISCURSIVE MOVEMENT:

In different ways, the issue of speech and listening is emphatically raised in the report of all participants.

It is interesting to note that all participants report the same effect: the possibility of taking the place of a speaker, which allows interaction between all, learning, well-being and resourcefulness in the relationship, providing joy and balance. As shown in the report of Moacir: *“Our tongue doesn't stop when we're here”*.

Moacir: *Here is the place where the person can talk, discuss and participate in the activities that are done... It is quiet and peaceful, as all the people here are good. You can't stop talking here. (...) Our tongue doesn't stop when we're here.*

Participants report that good communication also enables each of them to be empowered, including bringing subjective issues of intimacy, which is said as “opening the heart”, the discursive movement composes intimate relationships:

Alípio: *What brought me here in the workshop is joy, being able to open my heart to you all and smiling a lot... Being able to bring good things to my home... And to learn, too.*

Joyce: *But there is one thing that is different. I accept things more, you know? I don't mourn in the bedroom crying. I just come here and I say what I need to say (laughs).*

Participants also report the effect of communication on their emotions: control of agitation, anxiety, peace of mind and being heard.

Joyce: *I'm paying more attention to the stories and games. I've always been a very anxious person, but now I'm working more on it, you know?*

Cora: *Then I started to realize that my anxiety has decreased.*

Nadi: *So... You know? I was very... I mean, I'm improving now. Anxious. Yes... You know? I'm always like... You know?*

Moacir: *When you start attending here... The effects of the treatments start to provide more balance, right? In the person's mind...*

Levi: *We have more balance and more peace of mind. (...) Balance, when we talk... We must wait for*

the other person to speak, out of politeness, right? Well... So, it helped on the balance that I need...

One aspect reported by all participants refers to the possibility of adapting their communicative performance and their condition to become an effective speaker: they report the desire to be able to better express their feelings regarding the choice of terms; the need to alternate in the conversation, to pay attention to the meaning of the other's speech, the possibility of improving diction, correcting mistakes, etc. It is interesting to be able to observe the relationship that each person establishes with the language, in a process of constant reframing²⁹:

Alípio: *So that's it... We have... We have fun, and express ourselves better too.*

Cora: *I also noticed a lot of changes. Even the diction in Portuguese.*

Nadi: *My name is Nadi. It's been a long time since I'm here doing the workshop, right? And it's wonderful! Especially communication between people, right? And I used to go over a lot in the conversation, and when talking, going over, talking too much, with too much anxiety... So, now I'm controlling myself more, right? Now I try to realize when it's my time to speak, you know?*

Matilde: *I'm learning to be quiet while the other one speaks. That's good. Especially when I'm talking on the phone. (...) Otherwise, I would always go into the person's speech. So I used to get in the way, but not anymore. Now I listen, then I answer. And that's good. I'm learning to listen. (...) I'm learning to listen. Exactly.*

Joyce: *When the word comes out of our mouth, it doesn't come back. So if we can, you know? If we can think well, before speaking... Then we won't hurt other people, right? Because it will hurt us, when we get the word wrong... If I offended someone, you know? The words are very strong. It's very important.*

All the time, workshop participants report their new experiences in the workshop, and how they start to have an impact on their social and family experiences. Reports are important discursive activities in subjective consolidation. Reports are a mediating operation between experience and discourse, as well as between individual and society, as a porous interlocution instrument³⁰. In short, the transformation of action into dialogue and this into action: The reported experience that supposes another comes from a subjectivity trait that, in turn, will define other experiences in part:

Alípio: *I keep going here thanks to the conversation with everyone here.*

Moema: *This is good because we learn to communicate with people, right? We start to isolate ourselves inside the house... And we stop going out. But here is different. Here we always find someone to talk to, or to exchange ideas and learn.*

Conclusions

A change in the logic of the care provided to people, focusing on heterogeneity and open institutions as places to promote social ties, led to the development of powerful spaces of subjective constitution. These spaces provide social and discursive movement, in which the subjects regain their protagonism and citizenship, assuming a role and moving from exclusion.

The workshops are a relevant strategy used to work with protagonism, authorship and citizenship. These workshops are developed under different structures and nature, with a focus on “language workshops” to reach these projects, due to the subjective constitution.

Through the report of its participants, the investigation of a workshop allowed to identify and show movements in the discursive structure, with effects on the processes of subjectivation and social experiences.

The workshop became a determining space for the development of social relationships, which are one of the main focuses of the subjects. The feeling of loneliness and exclusion is reported on several occasions, but it is almost always expressed in opposition to the energy that the new social relationships have on each one. These relationships promote the empowerment of everyone, regardless of their potential pathologies, which affects their family and social relationships, as they are provided with autonomy, authorship and thus are able to make decisions, comments, complaints, express feelings etc. Communication is reported as the most benefited aspect. Throughout the workshop sessions, the participant is able to rise to the position of speaking subject, under all its laws and rights, which is the most important condition. Finally, the results report the contribution that this workshop can provide to the field of mental health, as a powerful device to give a turn and voice to the subject.

Due to the nature of this study, it should be noticed that the objectives and consequences of

the study are inherent to a qualitative research and, thus, the results indicate contributions to the development of knowledge¹⁵, and not generalizations or even research evidence. This is a narrative of a case of human experience.

On the other hand, the results indicate the importance of further studies that deepen the topic of mental health care, especially in workshops, discussing again the roles of professionals, family members, and users, especially in instruments, such as the language workshops, and services, such as Community Centers, which provide a particular aspect to the therapy⁹.

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